



2017 Income Tax Returns

BRYANT UNIVERSITY

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 20 18

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.**2017**Department of the Treasury
Internal Revenue Service

Name of exempt organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Name and title of officer

BARRY F MORRISON, VP BUS. AFF/TREAS.**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>228337651.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize KPMG LLP to enter my PIN 20178 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

0	4	5	0	2	3	4	5	6	9	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF)** Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

5/15/2019**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2017)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BRYANT UNIVERSITY	05-0258810
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	1150 DOUGLAS PIKE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	SMITHFIELD, RI 02917	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BARRY F. MORRISON

- The books are in the care of ► 1150 DOUGLAS PIKE, SMITHFIELD, RI 02917-1284

Telephone No. ► 401-232-6017Fax No. ► 401-232-6319

- If the organization does not have an office or place of business in the United States, check this box ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► ☐ . If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until MAY 15, 20 19, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
 ► ☒ tax year beginning JULY 1, 20 17, and ending JUNE 30, 20 18.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	NONE
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	NONE
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	NONE

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)

KPMG LLP, 60 SOUTH STREET, BOSTON, MA 02111

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2017Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**A** For the 2017 calendar year, or tax year beginning

07/01, 2017, and ending

06/30, 2018

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

BRYANT UNIVERSITY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1150 DOUGLAS PIKE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

SMITHFIELD, RI 02917-1284

F Name and address of principal officer:

RONALD K MACHTLEY

1150 DOUGLAS PIKE, SMITHFIELD, RI 02917-1284

D Employer identification number

05-0258810

E Telephone number

(401) 232-6005

G Gross receipts \$

245,236,797.

H(a) Is this a group return for subordinates?Yes ☐ No ☒**H(b)** Are all subordinates included?Yes ☐ No ☐

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.BRYANT.EDU**H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1863**M** State of legal domicile: RI**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO EDUCATE AND INSPIRE STUDENTS TO DISCOVER THEIR PASSION, BECOME INNOVATIVE LEADERS WITH CHARACTER, AND MAKE A DIFFERENCE AROUND THE WORLD.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	32.
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32.
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	2,136.
6 Total number of volunteers (estimate if necessary)	6	500.
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	771,197.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-4,075.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	10,249,638.	11,791,639.
9 Program service revenue (Part VIII, line 2g)	195,182,631.	201,499,102.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,494,636.	13,334,968.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,060,827.	1,711,942.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,987,732.	228,337,651.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	57,819,422.	61,763,717.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	81,633,047.	84,108,676.
16a Professional fundraising fees (Part IX, column (A), line 11e)	38,397.	34,665.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,009,615.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	66,245,053.	66,549,347.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	205,735,919.	212,456,405.
19 Revenue less expenses. Subtract line 18 from line 12	7,251,813.	15,881,246.

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	478,890,185.	499,899,835.
21 Total liabilities (Part X, line 26)	163,066,344.	161,317,954.
22 Net assets or fund balances. Subtract line 21 from line 20.	315,823,841.	338,581,881.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

BARRY F MORRISON

VP BUS. AFF/TREAS.

Date

5/15/19

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JACOB K JOHNSON

Preparer's signature

Date

05/15/2019

Check ☐ if self-employed

PTIN

P01763226

Firm's name ▶ KPMG LLP

Firm's EIN ▶ 13-5565207

Firm's address ▶ 60 SOUTH STREET BOSTON, MA 02111

Phone no. 617-988-1000

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes ☒ No ☐

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒ **X****1** Briefly describe the organization's mission:

BRYANT'S MISSION IS TO EDUCATE AND INSPIRE STUDENTS TO DISCOVER THEIR
PASSION, BECOME INNOVATIVE LEADERS WITH CHARACTER AND MAKE A
DIFFERENCE AROUND THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 170,437,966. including grants of \$ 61,763,717.) (Revenue \$ 159,145,446.)

*UNDERGRADUATE, GRADUATE AND CERTIFICATE PROGRAMS - INCLUDING
ACADEMIC SUPPORT AND STUDENT SERVICES*
SEE SCHEDULE O

4b (Code:) (Expenses \$ 13,990,705. including grants of \$) (Revenue \$ 43,173,063.)

AUXILIARY SERVICES - DINING AND HOUSING
SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,117,402. including grants of \$) (Revenue \$ 241,848.)

PUBLIC SERVICE
BRYANT UNIVERSITY HOSTS SEVERAL INSTRUCTIONAL PROGRAMS FUNDED BY
EXTERNAL PARTIES INCLUDING THE FEDERAL GOVERNMENT, FOREIGN AND
STATE GOVERNMENTS AND CORPORATIONS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 187,546,073.

Form 990 (2017)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19 X	

Form **990** (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	X	
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	X	
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	610	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0.	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2,136	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
Note.	See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 32 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent 32		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA, MD, MA, MI, NH, NJ, NY, OR, PA, SC, VA,
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

MR. BARRY F. MORRISON, CPA 1150 DOUGLAS PIKE, SMITHFIELD, RI 02917-1284 401-232-6017

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM J. CONATY CHAIR OF THE BOARD	5.00 0.	X						0.	0.	0.
(2) ROBERT MEAD VICE-CHAIR OF THE BOARD	5.00 0.	X						0.	0.	0.
(3) M. ANNE SZOSTAK VICE-CHAIR OF THE BOARD	5.00 0.	X						0.	0.	0.
(4) DAVID C. WEINSTEIN VICE-CHAIR OF THE BOARD	5.00 2.00	X						0.	0.	0.
(5) CHERYL MERCHANT SECRETARY TO THE BOARD	5.00 0.	X						0.	0.	0.
(6) CHERYL W. SNEAD SEC. TO THE BOARD (THRU 01/18)	5.00 0.	X						0.	0.	0.
(7) TIM BARTON TRUSTEE	5.00 0.	X						0.	0.	0.
(8) DAVID M. BEIRNE TRUSTEE	5.00 0.	X						0.	0.	0.
(9) GEORGE E. BELLO TRUSTEE	5.00 0.	X						0.	0.	0.
(10) JAMES P. BERGERON TRUSTEE	5.00 0.	X						0.	0.	0.
(11) ROBERT P. BROWN TRUSTEE	5.00 0.	X						0.	0.	0.
(12) ROBERT J. CALABRO TRUSTEE	5.00 0.	X						0.	0.	0.
(13) TODD G. CAREY TRUSTEE	5.00 0.	X						0.	0.	0.
(14) LISA G. CHURCHVILLE TRUSTEE	5.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) NANCY DEVINEY TRUSTEE	5.00 0.	X						0.	0.	0.
16) SCOTT C. DONNELLY TRUSTEE	5.00 0.	X						0.	0.	0.
17) C. CORRELL DURLING TRUSTEE	5.00 0.	X						0.	0.	0.
18) JEFFREY W. GARDNER TRUSTEE	5.00 0.	X						0.	0.	0.
19) DIANE KAZARIAN TRUSTEE	5.00 0.	X						0.	0.	0.
20) MORGAN LABARBERA TRUSTEE	5.00 0.	X						0.	0.	0.
21) F. KURT LAST TRUSTEE	5.00 0.	X						0.	0.	0.
22) RENEE Z. LAWLOR TRUSTEE	5.00 0.	X						0.	0.	0.
23) KRISTIAN P. MOOR TRUSTEE	5.00 0.	X						0.	0.	0.
24) PATRICIA O'BRIEN TRUSTEE	5.00 0.	X						0.	0.	0.
25) LOUIS PAGE TRUSTEE	5.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								11,037,667.	0.	1,350,582.
d Total (add lines 1b and 1c)								11,037,667.	0.	1,350,582.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **158**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **39**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) JOSEPH PAPARELLI TRUSTEE	5.00 0.	X						0.	0.	0.
27) JOSEPH F. PUISHYS TRUSTEE	5.00 0.	X						0.	0.	0.
28) GORDON P. RIBLET TRUSTEE	5.00 0.	X						0.	0.	0.
29) JAMES V. ROSATI TRUSTEE	5.00 0.	X						0.	0.	0.
30) EDWIN J. SANTOS TRUSTEE	5.00 0.	X						0.	0.	0.
31) DANIEL F. SCHMITT TRUSTEE	5.00 0.	X						0.	0.	0.
32) MARGARET M. VAN BREE TRUSTEE	5.00 0.	X						0.	0.	0.
33) RITA WILLIAMS-BOGAR TRUSTEE	5.00 0.	X						0.	0.	0.
34) RONALD K. MACHTLEY PRESIDENT/TRUSTEE	42.00 10.00			X				6,194,278.	0.	119,938.
35) BARRY F. MORRISON VP-BUSINESS AFFAIRS/TREASURER	50.00 0.			X				451,620.	0.	86,937.
36) CHARLES F. LOCURTO VP-INFORMATION SERVICES/CIO	50.00 0.			X				336,554.	0.	72,834.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 158

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
37) DAVID C. WEGRYN VP - UNIVERSITY ADVANCEMENT	50.00 0.			X				286,613.	0.	102,976.
38) ROGER L. ANDERSON EXEC. ASSISTANT TO PRESIDENT	50.00 0.			X				226,298.	0.	72,134.
39) MICHELLE L. CLOUTIER VP OF ENROLLMENT MANAGEMENT	50.00 0.			X				205,377.	0.	48,455.
40) JOHN R. SADDLEMIRE VP OF STUDENT AFFAIRS	50.00 0.			X				253,941.	0.	71,859.
41) GLENN M. SULMASY PROVOST	45.00 5.00			X				314,917.	0.	60,064.
42) TIMOTHY T. PAIGE VP HUMAN RESOURCES	0. 0.				X			297,670.	0.	44,719.
43) BRADFORD D. MARTIN DEAN, COLLEGE OF ARTS & SCIENCE	50.00 0.				X			182,777.	0.	74,237.
44) WENDY SAMTER DEAN, COLLEGE OF ARTS & SCIENCE	50.00 0.				X			167,848.	0.	43,096.
45) MADAN G. ANNAVARJULA DEAN, COLLEGE OF BUSINESS	50.00 0.				X			219,879.	0.	49,763.
46) HONG YANG VP INTERNATIONAL AFFAIRS	45.00 5.00					X		271,201.	0.	89,897.
47) WILLIAM SMITH DIRECTOR OF ATHLETICS	50.00 0.					X		270,259.	0.	128,767.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **158**

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	158
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		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	124,922.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	1,965,104.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	9,701,613.			
	g	Noncash contributions included in lines 1a-1f: \$		93,020.			
	h	Total. Add lines 1a-1f		11,791,639.			
	Program Service Revenue	2a	TUITION AND FEES	Business Code 900099	155,573,608.	155,573,608.	
b		AUXILIARY ENTERPRISES	721310	43,173,062.	42,241,230.	556,579.	
c		STUDENT SERVICES REVENUES	900099	2,510,584.	2,484,834.	25,750.	
d		PUBLIC SERVICE PROGRAMS	900099	241,848.	241,848.		
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		201,499,102.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).		4,257,478.		25,335.
		4	Income from investment of tax-exempt bond proceeds .		0.		
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses . . .					
	c	Rental income or (loss) . .					
	d	Net rental income or (loss).		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities 25,684,019.	(ii) Other 202,215.			
	b	Less: cost or other basis and sales expenses	16,523,161.	285,583.			
	c	Gain or (loss)	9,160,858.	-83,368.			
	d	Net gain or (loss)		9,077,490.		163,533.	
	8a	Gross income from fundraising events (not including \$ 124,922. of contributions reported on line 1c). See Part IV, line 18	a	63,753.			
	b	Less: direct expenses	b	84,954.			
	c	Net income or (loss) from fundraising events.		-21,201.		-21,201.	
	9a	Gross income from gaming activities. See Part IV, line 19	a	31,370.			
	b	Less: direct expenses	b	5,448.			
c	Net income or (loss) from gaming activities.		25,922.		25,922.		
10a	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue			Business Code				
11a	SOPHOMORE INTERNATIONAL EXPERIENCE	900099	748,862.	748,862.			
b	LAPTOP PROGRAM	900099	67,511.	67,511.			
c	CHINA PROGRAM	900099	267,688.		267,688.		
d	All other revenue	900099	623,160.	244,882.	378,278.		
e	Total. Add lines 11a-11d		1,707,221.				
12	Total revenue. See instructions.		228,337,651.	201,602,775.	771,197.	14,172,040.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,350.	2,350.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	58,086,651.	58,086,651.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	3,674,716.	3,674,716.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,216,358.	1,183,599.	2,835,471.	197,288.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	138,689.	138,689.		
7 Other salaries and wages	59,987,791.	51,226,609.	7,229,313.	1,531,869.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,464,751.	4,021,520.	334,640.	108,591.
9 Other employee benefits	11,121,568.	9,738,990.	1,051,037.	331,541.
10 Payroll taxes	4,179,519.	3,569,102.	503,687.	106,730.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	241,526.		238,831.	2,695.
c Accounting	239,120.		239,120.	
d Lobbying	20,000.		20,000.	
e Professional fundraising services. See Part IV, line 17.	34,665.			34,665.
f Investment management fees	2,116,299.		2,116,299.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,963,396.	2,682,939.	1,228,721.	51,736.
12 Advertising and promotion	2,291,920.	1,014,943.	1,083,925.	193,052.
13 Office expenses	1,152,879.	1,040,211.	9,391.	103,277.
14 Information technology	3,357,428.	2,248,129.	1,024,774.	84,525.
15 Royalties	0.			
16 Occupancy	4,531,657.	3,977,118.	554,539.	
17 Travel	4,952,736.	4,625,658.	235,414.	91,664.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	703,182.	608,524.	84,453.	10,205.
20 Interest	4,553,603.	4,296,188.	257,415.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	17,129,593.	16,161,257.	968,336.	
23 Insurance	1,037,542.	491,735.	545,807.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DINING SERVICES	9,870,187.	9,300,709.	487,241.	82,237.
b FACILITY REPAIRS	2,293,907.	2,239,584.	53,080.	1,243.
c ACTIVITIES EXPENSE	930,576.	916,485.	8,191.	5,900.
d STUDY ABROAD TUITION EXPENSE	2,477,977.	2,477,977.		
e All other expenses	4,685,819.	3,822,390.	791,032.	72,397.
25 Total functional expenses. Add lines 1 through 24e	212,456,405.	187,546,073.	21,900,717.	3,009,615.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	16,154.	1	15,125.
	2 Savings and temporary cash investments	47,609,204.	2	62,427,400.
	3 Pledges and grants receivable, net	5,763,311.	3	6,306,264.
	4 Accounts receivable, net	3,377,414.	4	3,652,769.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	5,862,313.	7	5,771,943.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	3,154,818.	9	3,728,072.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 438,769,757.		
	b Less: accumulated depreciation.	10b 226,774,143.		
		214,767,483.	10c	211,995,614.
	11 Investments - publicly traded securities	119,800,557.	11	124,373,398.
	12 Investments - other securities. See Part IV, line 11	77,005,423.	12	80,196,759.
	13 Investments - program-related. See Part IV, line 11	1,398,784.	13	1,285,486.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	134,724.	15	147,005.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	478,890,185.	16	499,899,835.	
Liabilities	17 Accounts payable and accrued expenses	21,083,744.	17	24,711,363.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	8,709,607.	19	9,965,655.
	20 Tax-exempt bond liabilities	114,658,963.	20	111,043,312.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	18,614,030.	25	15,597,624.
	26 Total liabilities. Add lines 17 through 25.	163,066,344.	26	161,317,954.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	278,256,188.	27	295,348,586.
	28 Temporarily restricted net assets	17,663,768.	28	22,036,023.
	29 Permanently restricted net assets	19,903,885.	29	21,197,272.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	315,823,841.	33	338,581,881.
	34 Total liabilities and net assets/fund balances	478,890,185.	34	499,899,835.

Form **990** (2017)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	228,337,651.
2	Total expenses (must equal Part IX, column (A), line 25)	2	212,456,405.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,881,246.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	315,823,841.
5	Net unrealized gains (losses) on investments	5	4,573,862.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,302,932.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	338,581,881.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,225,651.	7,254,515.	7,507,128.	10,204,389.	11,791,639.	47,983,322.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	11,225,651.	7,254,515.	7,507,128.	10,204,389.	11,791,639.	47,983,322.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						6,541,306.
6 Public support. Subtract line 5 from line 4						41,442,016.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	11,225,651.	7,254,515.	7,507,128.	10,204,389.	11,791,639.	47,983,322.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,060,573.	4,035,440.	3,537,635.	3,628,785.	4,232,143.	19,494,576.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	61,608.	33,739.				95,347.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						67,573,245.
12 Gross receipts from related activities, etc. (see instructions)					12	931,651,810.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	61.33 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	60.35 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization BRYANT UNIVERSITY	Employer identification number 05-0258810
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?	X		20,000.
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	
j	Total. Add lines 1c through 1i			20,000.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES

THE UNIVERSITY ENTERED INTO A ONE-MONTH CONTRACT WITH THE RHODE ISLAND ACADEMY OF PHYSICIAN ASSISTANTS TO ASSIST IT WITH A STUDY OF PHYSICIAN ASSISTANT (PA) USE, INCREASED AWARENESS OF PAS, AND MARKETING THE PA PROFESSION. THE CONTRACTED SERVICES TO BE PROVIDED BY THE CONTRACTOR INCLUDED: PREPARING A SURVEY FOR ALL NEW AND RENEWING LICENSES; ACQUIRING THE SERVICES OF A LOBBYIST TO ASSIST WITH PASSAGE OF LEGISLATION FAVORABLE TO THE PRACTICE OF PAS IN THE STATE OF RI; COLLECTING DATA FROM LICENSED PAS; DETERMINING FACTORS OR BARRIERS TO HIRING PAS; AND PROVIDING MARKETING FOR PAS IN RI.

IN ADDITION, THE UNIVERSITY AND SOME OF ITS EMPLOYEES ARE MEMBERS IN CERTAIN PROFESSIONAL ORGANIZATIONS, INCLUDING THE NATIONAL ASSOCIATION OF COLLEGES AND UNIVERSITY BUSINESS OFFICERS, AND OTHER REGIONAL ORGANIZATIONS. A PORTION OF THESE MEMBERSHIP DUES MAY BE CONSIDERED LOBBYING EXPENSES, BUT THE UNIVERSITY HAS NOT MADE ANY INTERNAL ALLOCATION OF SUCH DUES TO LOBBYING.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

(ii) Assets included in Form 990, Part X. ▶ \$ 696,117.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. ▶ \$ _____

b Assets included in Form 990, Part X. ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☒ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c _____
d Additions during the year	1d _____
e Distributions during the year	1e _____
f Ending balance	1f _____

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	174,207,413.	158,599,584.	170,101,208.	172,809,343.	153,536,377.
b Contributions	2,884,395.	5,525,510.	2,753,492.	3,003,914.	592,824.
c Net investment earnings, gains, and losses	16,947,391.	20,365,606.	-4,158,815.	4,596,564.	28,139,852.
d Grants or scholarships	2,397,449.	2,312,534.	2,222,341.	1,994,626.	1,866,652.
e Other expenditures for facilities and programs	5,808,051.	5,843,266.	5,631,859.	5,437,075.	5,198,348.
f Administrative expenses	2,077,893.	2,127,487.	2,242,101.	2,876,912.	2,394,710.
g End of year balance	183,755,806.	174,207,413.	158,599,584.	170,101,208.	172,809,343.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 84.0000 %

b Permanent endowment ▶ 16.0000 %

c Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i) <input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	3a(ii) <input type="checkbox"/>	<input checked="" type="checkbox"/>

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? **3b** ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,289,054.		3,289,054.
b Buildings		341,724,208.	162,342,785.	179,381,423.
c Leasehold improvements				
d Equipment		61,459,090.	50,393,933.	11,065,157.
e Other		32,297,405.	14,037,425.	18,259,980.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				211,995,614.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	60,979,040.	FMV
(B) PRIVATE PLACEMENT PROGRAMS	19,217,719.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	80,196,759.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SWAP DERIVATIVES	7,123,710.
(3) ASSET RETIREMENT OBLIGATION	2,059,985.
(4) REFUNDABLE ADVANCES - US GOVER	6,413,929.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	15,597,624.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	173,562,454.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	4,573,862.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-57,323,162.
e	Add lines 2a through 2d	2e	-52,749,300.
3	Subtract line 2e from line 1	3	226,311,754.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,116,299.
b	Other (Describe in Part XIII.)	4b	-90,402.
c	Add lines 4a and 4b	4c	2,025,897.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	228,337,651.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	150,779,162.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	2,200,423.
e	Add lines 2a through 2d	2e	2,200,423.
3	Subtract line 2e from line 1	3	148,578,739.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,116,299.
b	Other (Describe in Part XIII.)	4b	61,761,367.
c	Add lines 4a and 4b	4c	63,877,666.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	212,456,405.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

ORGANIZATION'S COLLECTIONS

PART III, LINE 4

THE UNIVERSITY'S ART COLLECTIONS CONSIST OF MANY DIFFERENT TYPES OF ART INCLUDING PAINTINGS, PHOTOGRAPHS, BOOK COLLECTIONS, SPORTS MEMORABILIA, SCULPTURES, FIGURINES, ANTIQUES AND ARTIFACTS. THE COLLECTIONS ENHANCE AND FURTHER THE PURPOSE OF THE UNIVERSITY IN VARIOUS WAYS, WHICH INCLUDE THE ABILITY OF THE STUDENT TO LEARN TO UNDERSTAND HUMAN EXPERIENCES, BOTH PAST AND PRESENT, LEARN TO ADAPT TO AND RESPECT OTHERS' DIVERSE WAYS OF THINKING, WORKING, AND EXPRESSING THEMSELVES, AND ANALYZING NONVERBAL COMMUNICATION AND MAKING INFORMED JUDGMENTS ABOUT CULTURAL PRODUCTS AND ISSUES.

ENDOWMENT FUNDS

PART V, LINE 4

THE PURPOSE OF THE UNIVERSITY'S ENDOWMENT FUND IS TO SUPPORT THE EDUCATIONAL MISSION OF THE UNIVERSITY BY PROVIDING A RELIABLE SOURCE OF FUNDS FOR CURRENT AND FUTURE USE. THROUGH QUARTERLY DRAWDOWNS, THE ENDOWMENT IS USED TO FUND SCHOLARSHIPS AND GRANTS AS WELL AS MAINTAINING UNIVERSITY FACILITIES AND PROGRAM SERVICES.

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE UNIVERSITY IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. BRU LLC IS A WHOLLY OWNED SINGLE-MEMBER LLC, A DISREGARDED ENTITY FOR TAX PURPOSES. BRYANT CHINA (H.K.) LIMITED, AND ZHUHAI BRYANT EDUCATIONAL CONSULTING

Part XIII Supplemental Information (continued)

COMPANY ARE FOREIGN CORPORATIONS FOR TAX PURPOSES. ANY TAX LIABILITY OF
BRU LLC, BRYANT CHINA (H.K.) LIMITED, OR ZHUHAI BRYANT EDUCATIONAL
CONSULTING COMPANY IS REPORTED BY THE UNIVERSITY. THE UNIVERSITY BELIEVES
IT HAS TAKEN NO SIGNIFICANT UNCERTAIN TAX POSITIONS.

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN

PART XI, LINE 2D

SCHOLARSHIPS AND GRANTS	\$ (61,761,367)
ACCRUAL OF LIABILITY FOR ASSET REMEDIATION	\$ (278,815)
ACCRUAL OF OTHER NONOPERATING LIABILITY	\$ (174,325)
CHANGE IN SPLIT INTEREST AGREEMENT	\$ (22,303)
CHANGE IN FAIR VALUE OF INTEREST RATE SWAPS	\$ 2,778,375
BRYANT CHINA (H.K.) REVENUES	\$ 2,131,762
ZHUHAI BRYANT EDUCATIONAL CONSULTING COMPANY	\$ 3,511

TOTAL	\$ (57,323,162)

OTHER REVENUE INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS

PART XI, LINE 4B

FUNDRAISING EXPENSE	\$ (84,954)
RAFFLE EXPENSES	\$ (5,448)

TOTAL	\$ (90,402)

Part XIII Supplemental Information (continued)

OTHER EXPENSES INCLUDED IN FINANCIAL STATEMENTS NOT ON RETURN

PART XII, LINE 2D

FUNDRAISING EXPENSE	\$ 84,954
RAFFLE EXPENSES	\$ 5,448
BRYANT CHINA (H.K.) EXPENSES	\$2,091,656
ZHUHAI BRYANT EDUCATIONAL CONSULTING COMPANY	\$ 18,365

TOTAL	\$2,200,423
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OTHER EXPENSES INCLUDED ON RETURN NOT IN FINANCIAL STATEMENTS

PART XII, LINE 4B

SCHOLARSHIPS AND GRANTS	\$ 61,761,367
-------------------------	---------------

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
BRYANT UNIVERSITY

Schools

▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number
05-0258810

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	X	
SEE SUPPLEMENTAL PAGE		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions?	X	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities?		X
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	X	
6b Has the organization's right to such aid ever been revoked or suspended?		X
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E QUESTION 3

THE POLICY IS PUBLISHED ON THE UNIVERSITY'S WEBSITE AND IN THE EMPLOYEE POLICY MANUAL. ADVERTISING STATES THAT WE ARE AN EEO/AA EMPLOYER. ALL MAJOR PUBLICATIONS PRINT THE NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS.

SCHEDULE E QUESTION 6A

BRYANT UNIVERSITY HAS RECEIVED STUDENT FINANCIAL ASSISTANCE FUNDS THROUGH THE FOLLOWING U.S. DEPARTMENT OF EDUCATION PROGRAMS: 1. FEDERAL PELL GRANT, 2. FEDERAL SUPPLEMENTAL EDUCATION OPPORTUNITY GRANT, 3. FEDERAL WORK-STUDY, 4. FEDERAL PERKINS LOAN, 5. FEDERAL DIRECT LOAN. IN ADDITION, BRYANT RECEIVED FUNDS FROM THE VETERANS ADMINISTRATION AND VARIOUS STATE GOVERNMENT AGENCIES INCLUDING: THE RHODE ISLAND HIGHER EDUCATION ASSISTANCE AUTHORITY, THE MASSACHUSETTS OFFICE OF STUDENT FINANCIAL ASSISTANCE, AND OTHERS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	GRANTMAKING		177,000.
(2) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING		1,117,297.
(3) EUROPE	0.	0.	GRANTMAKING		638,129.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING		65,000.
(5) NORTH AMERICA	0.	0.	GRANTMAKING		566,510.
(6) RUSSIA/INDEPENDENT STATES	0.	0.	GRANTMAKING		60,279.
(7) SOUTH AMERICA	0.	0.	GRANTMAKING		217,000.
(8) SOUTH ASIA	0.	0.	GRANTMAKING		640,170.
(9) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING		193,331.
(10) CENTRAL AMERICA/CARIBBEAN	0.	0.	FUNDRAISING		2,284.
(11) EAST ASIA AND THE PACIFIC	0.	0.	FUNDRAISING		3,634.
(12) EUROPE	0.	0.	FUNDRAISING		6,691.
(13) MIDDLE EAST AND NORTH AFRICA	0.	0.	FUNDRAISING		56,751.
(14) SOUTH ASIA	0.	0.	FUNDRAISING		5,282.
(15) SUB-SAHARAN AFRICA	0.	0.	FUNDRAISING		1,345.
(16) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDY ABROAD	3,381.
(17) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDY ABROAD	1,082,544.
3a Sub-total					4,836,628.
b Total from continuation sheets to Part I		2.			39,039,566.
c Totals (add lines 3a and 3b)		2.			43,876,194.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

**SCHEDULE F
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1545-0047

2017**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	0.	0.	PROGRAM SERVICES	STUDY ABROAD	2,893,509.
(2) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	361,626.
(3) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDY ABROAD	118,427.
(4) CENTRAL AMERICA/CARIBBEAN	0.	0.	PROGRAM SERVICES	STUDENT RECRUITING	7,105.
(5) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	STUDENT RECRUITING	7,009.
(6) EUROPE	0.	0.	PROGRAM SERVICES	STUDENT RECRUITING	11,797.
(7) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITING	4,671.
(8) NORTH AMERICA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITING	5,729.
(9) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITING	6,551.
(10) SOUTH ASIA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITING	8,456.
(11) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	STUDENT RECRUITING	5,023.
(12) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	MAINT & BLD RELATIONS	25,801.
(13) EUROPE	0.	0.	PROGRAM SERVICES	MAINT & BLD RELATIONS	765.
(14) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	INT'L LEARNING	10,376.
(15) EUROPE	0.	0.	PROGRAM SERVICES	INT'L LEARNING	39,342.
(16) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	INT'L LEARNING	13,942.
(17) NORTH AMERICA	0.	0.	PROGRAM SERVICES	INT'L LEARNING	5,389.
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		34,189,636.
(2) EUROPE	0.	0.	INVESTMENTS		1,247,721.
(3) EAST ASIA AND THE PACIFIC	0.	0.	SEND AGENTS TO SEMINAR		2,260.
(4) EUROPE	0.	0.	SEND AGENTS TO SEMINAR		48,505.
(5) MIDDLE EAST AND NORTH AFRICA	0.	0.	SEND AGENTS TO SEMINAR		6,753.
(6) NORTH AMERICA	0.	0.	SEND AGENTS TO SEMINAR		16,291.
(7) SOUTH AMERICA	0.	0.	SEND AGENTS TO SEMINAR		1,526.
(8) SUB-SAHARAN AFRICA	0.	0.	SEND AGENTS TO SEMINAR		1,356.
(9) EAST ASIA AND THE PACIFIC	0.	2.	PROGRAM SERVICES	DEAN	0.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2017

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) SCHOLARSHIPS	CENT. AMERICA/CARIBBEAN	13.	177,000.	STUDENT ACCT			
(2) SCHOLARSHIPS	EAST ASIA/PACIFIC	77.	1,117,297.	STUDENT ACCT			
(3) SCHOLARSHIPS	EUROPE/ICELAND/GREENLAND	35.	638,129.	STUDENT ACCT			
(4) SCHOLARSHIPS	MIDDLE EAST/NORTH AFRICA	3.	65,000.	STUDENT ACCT			
(5) SCHOLARSHIPS	NORTH AMERICA	35.	566,510.	STUDENT ACCT			
(6) SCHOLARSHIPS	RUSSIA/NEWLY IND. STATES	5.	60,279.	STUDENT ACCT			
(7) SCHOLARSHIPS	SOUTH AMERICA	17.	217,000.	STUDENT ACCT			
(8) SCHOLARSHIPS	SOUTH ASIA	48.	640,170.	STUDENT ACCT			
(9) SCHOLARSHIPS	SUB-SAHARAN AFRICA	13.	193,331.	STUDENT ACCT			
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ☒ Yes ☐ No

Schedule F (Form 990) 2017

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

MONITOR THE USE OF GRANTS FUNDS OUTSIDE THE U.S.

PART I, LINE 2

THE UNIVERSITY ONLY DISTRIBUTES GRANTS DIRECTLY INTO STUDENT ACCOUNTS TO
OFFSET THE STUDENT'S OUTSTANDING BALANCE FOR THE SEMESTER TO ENSURE THESE
FUNDS HAVE BEEN UTILIZED FOR THEIR INTENDED PURPOSE.

ACCOUNTING METHOD

PART I, LINE 3, COLUMN (F)

THE UNIVERSITY USED THE ACCRUAL METHOD TO ACCOUNT FOR EXPENDITURES IN
EACH REGION. INVESTMENTS ARE MEASURED AT FAIR MARKET VALUE.

EMPLOYEES IN THE REGION

PART I, LINE 3(9) (PAGE 3)

THE DEAN LOCATED IN EAST ASIA IS AN EMPLOYEE OF BRYANT UNIVERSITY. HIS
SALARY IS AN EXPENSE OF BRYANT CHINA (H.K.).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|---|--|
| a <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total					34,665.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	188,675.			188,675.
	2 Less: Contributions	124,922.			124,922.
	3 Gross income (line 1 minus line 2).	63,753.			63,753.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,900.			1,900.
	6 Rent/facility costs	29,243.			29,243.
	7 Food and beverages	14,208.			14,208.
	8 Entertainment				
	9 Other direct expenses	39,603.			39,603.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				84,954.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-21,201.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			31,370.	31,370.
	2 Cash prizes			5,000.	5,000.
Direct Expenses	3 Noncash prizes			448.	448.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.0000 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				5,448.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				25,922.

9 Enter the state(s) in which the organization conducts gaming activities: RI,

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JERRY CUMMISKEY

Address ▶ 1150 DOUGLAS PIKE SMITHFIELD, RI 02917

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ JERRY CUMMISKEY

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ ORGANIZED RAFFLE, FUND COLLECTION, & WINNER PAYMENT

☐ Director/officer
 ☒ Employee
 ☐ Independent contractor
17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

GAMING

PART III, LINE 2 & 3

MEN'S AND WOMEN'S SWIMMING CONDUCTED A RAFFLE TO MEET THEIR FUNDRAISING GOALS. FIRST PRIZE WAS \$2500 AND SECOND PRIZE WAS AN APPLE WATCH THAT WAS PURCHASED AT TARGET FOR \$353.

SOFTBALL HELD A RAFFLE TO SUPPORT THEIR FUNDRAISING GOALS. THE MAJORITY

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

OF PRIZES WERE DONATED WITH THE EXCEPTION OF GLASSES PURCHASED AT HOME

GOODS \$(21), STARBUCKS MUGS, COFFEE AND GIFT CARD \$(53), AND BOWLING

RENTAL FROM CW LANES \$(21).

MEN'S SOCCER HELD A RAFFLE TO HELP SUPPORT FUNDRAISING GOALS. FIRST

PRIZE WAS \$1500 SECOND PRIZE WAS \$1000.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
MARIA LAWRENCE 651A COOPER HILL ROAD MAPLEVILLE RI 02839	FUNDRAISING CONSULTING		X		20,640.	
WORKINGPHILANTHROPY.COM 3425 BANNERMAN RD, SUITE #105-175 TALLAHASSEE FL 32312	FUNDRAISING CONSULTING		X		14,025.	

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ACADEMIC/NEED-BASED SCHOLARSHIPS	3,419.	45,012,437.			
2 ANNUAL GIFTS	122.	561,753.			
3 ATHLETIC AWARDS	439.	7,457,382.			
4 DIVERSITY AWARDS	56.	1,155,000.			
5 ENDOWED SCHOLARSHIPS	231.	1,322,005.			
6 SPECIAL PROGRAMS	166.	888,470.			
7 ADVANTAGE SCHOLARSHIPS	76.	970,808.			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STATE & INSTITUTION	94.	360,082.			
2 SEOG PROGRAM	470.	335,236.			
3 FWS COMMUNITY SERVICE	17.	23,478.			
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PROCEDURES TO MONITOR THE USE OF GRANT FUNDS IN THE U.S.

PART I, LINE 2

ALL FEDERAL TITLE IV FUNDS RECEIVED BY BRYANT UNIVERSITY ARE MANAGED IN STRICT COMPLIANCE WITH ALL REQUIREMENTS SET FORTH IN THE PROGRAM PARTICIPATION AGREEMENT, A FORMAL AGREEMENT BETWEEN BRYANT UNIVERSITY AND THE U.S. DEPARTMENT OF EDUCATION. THE PROGRAM PARTICIPATION AGREEMENT IS PERSONALLY ENDORSED BY BOTH THE CHIEF EXECUTIVE OFFICER OF BRYANT UNIVERSITY AND THE SECRETARY OF THE U.S. DEPARTMENT OF EDUCATION. COMPLIANCE WITH ALL TITLE IV REQUIREMENTS IS MONITORED BY THE DIRECTOR OF FINANCIAL AID WITH THE ASSISTANCE OF FOUR (EXEMPT) PROFESSIONAL FINANCIAL

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

AID ADMINISTRATORS AND FOUR (NON-EXEMPT) SUPPORT STAFF MEMBERS.

COMPLIANCE CAPABILITY IS GREATLY ENHANCED THROUGH THE USE OF THE BANNER

INTEGRATED MANAGEMENT INFORMATION SYSTEM AND ITS EFFECTIVE INTERFACE WITH

OTHER DEPARTMENT OF EDUCATION SYSTEMS.

THE UNIVERSITY PROVIDES ASSISTANCE FOR COMMUNITY SUPPORT TO VARIOUS

ORGANIZATIONS THROUGH THEIR FUNDRAISING EVENTS. IN THE CURRENT YEAR, NO

ORGANIZATION RECEIVED OVER \$5,000 FROM THE UNIVERSITY IN THIS CAPACITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input checked="" type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RONALD K. MACHTELEY PRESIDENT/TRUSTEE	(i)	672,885.	0.	5,521,393.	30,600.	89,338.	6,314,216.	262,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 BARRY F. MORRISON VP-BUSINESS AFFAIRS/TREASURER	(i)	353,508.	35,589.	62,523.	50,600.	36,337.	538,557.	40,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 CHARLES F. LOCURTO VP-INFORMATION SERVICES/CIO	(i)	298,131.	36,101.	2,322.	50,600.	22,234.	409,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DAVID C. WEGRZYN VP - UNIVERSITY ADVANCEMENT	(i)	248,409.	34,588.	3,616.	28,953.	74,023.	389,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ROGER L. ANDERSON EXEC. ASSISTANT TO PRESIDENT	(i)	175,002.	20,000.	31,296.	50,003.	22,131.	298,432.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 MICHELLE L. CLOUTIER VP OF ENROLLMENT MANAGEMENT	(i)	169,803.	35,198.	376.	19,952.	28,503.	253,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOHN R. SADDLEMIRE VP OF STUDENT AFFAIRS	(i)	218,230.	32,638.	3,073.	24,448.	47,411.	325,800.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 GLENN M. SULMASY PROVOST	(i)	276,324.	33,751.	4,842.	30,600.	29,464.	374,981.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 LINDA S. LULLI SPL ASST TO THE PRESIDENET	(i)	162,641.	0.	3,787.	18,136.	13,520.	198,084.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 TIMOTHY T. PAIGE VP HUMAN RESOURCES	(i)	227,731.	35,026.	34,913.	0.	44,719.	342,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 BRADFORD D. MARTIN DEAN, COLLEGE OF ARTS & SCIENCE	(i)	180,018.	2,000.	759.	17,697.	56,540.	257,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 WENDY SAMTER DEAN, COLLEGE OF ARTS & SCIENCE	(i)	166,310.	0.	1,538.	19,070.	24,026.	210,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 MADAN G. ANNAVARJULA DEAN, COLLEGE OF BUSINESS	(i)	211,863.	6,000.	2,016.	24,623.	25,140.	269,642.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 HONG YANG VP INTERNATIONAL AFFAIRS	(i)	217,560.	33,545.	20,096.	25,545.	64,352.	361,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 WILLIAM SMITH DIRECTOR OF ATHLETICS	(i)	193,978.	31,750.	44,531.	27,144.	101,623.	399,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 PETER J. NIGRO PROFESSOR, SARKISIAN CHAIR	(i)	252,578.	0.	935.	21,482.	41,149.	316,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 FAROKH N. BHADA ASSOC. VP FOR BUSINESS AFFAIRS	(i)	190,963.	32,100.	19,057.	24,159.	24,473.	290,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 TIMOTHY J. O'SHEA MEN'S BASKETBALL COACH	(i)	199,586.	0.	83,232.	23,375.	27,000.	333,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DAVID S. LUX FORMER KEY EMP/DEAN/PROF	(i)	158,092.	25,000.	6,600.	18,283.	26,768.	234,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 VK UNNI FORMER KEY EMPL/PROFESSOR	(i)	223,864.	0.	0.	24,825.	21,736.	270,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2017

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

BENEFITS

PART I, LINE 1A

RONALD MACHTLEY, PRESIDENT OF THE UNIVERSITY AND MEMBER OF THE BOARD OF TRUSTEES, TRAVELLED ON ONE TRIP WITH HIS SPOUSE, KATI MACHTLEY, ON UNIVERSITY RELATED BUSINESS. THESE EXPENSES ARE NOT CONSIDERED COMPENSATION FOR PRESIDENT MACHTLEY SINCE THE TRIP WAS BUSINESS RELATED AND MRS. MACHTLEY IS ALSO AN EMPLOYEE OF THE UNIVERSITY. ACCORDING TO THE UNIVERSITY'S POLICY, TRAVEL FOR THE PRESIDENT'S COMPANION SHALL ONLY BE REIMBURSED WHEN INCURRED WHILE CONDUCTING BUSINESS FOR THE UNIVERSITY.

THE UNIVERSITY PAID FOR CLUB MEMBERSHIPS AND ASSOCIATED FEES FOR PRESIDENT MACHTLEY, BARRY MORRISON (VP FOR BUSINESS AFFAIRS), DAVID WEGRZYN (VP FOR UNIVERSITY ADVANCEMENT) AND WILLIAM SMITH (DIRECTOR OF ATHLETICS). THESE MEMBERSHIPS WERE OBTAINED FOR BUSINESS PURPOSES, AND ARE INCLUDED AS NON-TAXABLE BENEFITS IN PART II. PERSONAL, NON-BUSINESS RELATED USAGE EXPENSES ARE PAID FOR BY THE EMPLOYEE, NOT THE UNIVERSITY.

AS A CONDITION OF THEIR EMPLOYMENT, THE UNIVERSITY PROVIDED ON-CAMPUS HOUSING FOR PRESIDENT MACHTLEY; GLENN SULMASY, PROVOST; JOHN SADDLEMIRE,

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

VICE PRESIDENT FOR STUDENT AFFAIRS; AND WILLIAM SMITH, DIRECTOR OF ATHLETICS. THE UNIVERSITY PROVIDES CUSTODIAL SERVICES TO MAINTAIN THE HOUSING. THESE AMOUNTS ARE INCLUDED AS NON-TAXABLE BENEFITS IN PART II.

DURING THE TWO-YEAR WAITING PERIOD FOR ELIGIBILITY TO PARTICIPATE IN THE UNIVERSITY'S CONTRIBUTIONS TO ITS RETIREMENT PLAN, TIMOTHY PAIGE, VICE PRESIDENT OF HUMAN RESOURCES, WAS PROVIDED WITH A PAYMENT MADE ON A MONTHLY BASIS THAT IS EQUIVALENT TO THE UNIVERSITY'S ANNUAL CONTRIBUTION TO THE RETIREMENT PLAN PLUS TAXES. THIS IS TREATED AS TAXABLE COMPENSATION AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

WILLIAM SMITH, DIRECTOR OF ATHLETICS, RECEIVES A FIXED AMOUNT OF ADDITIONAL COMPENSATION PLUS TAXES MONTHLY. THIS IS TREATED AS TAXABLE COMPENSATION AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III).

NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN
PART I, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATE IN A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN FOR WHICH CONTRIBUTIONS WERE MADE IN 2017 RELATED TO

Schedule J (Form 990) 2017

Page 3

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

EARNINGS FOR CALENDAR YEAR 2017: BARRY MORRISON (VP OF BUSINESS AFFAIRS), CHARLES LOCURTO (VP OF INFORMATION SERVICES/CIO), ROGER ANDERSON (EXECUTIVE ASSISTANT TO THE PRESIDENT), AND WILLIAM SMITH (DIRECTOR OF ATHLETICS).

AT-RISK COMPENSATION

PART I, LINE 7

AT RISK COMPENSATION (ARS) AWARD IS BASED ON THE ACHIEVEMENT OF AN OBJECTIVE AND QUANTITATIVE SET OF MEASURABLE GOALS WHICH ARE MUTUALLY ESTABLISHED BETWEEN THE PRESIDENT AND ELIGIBLE PARTICIPANTS AT THE BEGINNING OF EACH FISCAL YEAR. THE PRESIDENT MAKES HIS ASSESSMENT OF EACH PARTICIPANT'S ACHIEVEMENT OF SPECIFIC GOALS, AND PRESENTS HIS "AT RISK AWARD" RECOMMENDATION TO THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR FINAL REVIEW AND APPROVAL.

OTHER COMPENSATION DETAILS

PART II, COLUMN B (III)

INCLUDES PAYMENTS FOR GROUP TERM LIFE PREMIUMS AND PERSONAL USE OF AUTO.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

IN 2003, AFTER RONALD K. MACHTLEY ("MACHTLEY") SERVED AS BRYANT'S PRESIDENT FOR SEVEN YEARS, BRYANT'S BOARD DESIRED TO RETAIN MACHTLEY'S PROVEN LEADERSHIP FOR A LONGER PERIOD OF TIME. FOLLOWING A MARKET ANALYSIS, THE BOARD'S COMPENSATION COMMITTEE ESTABLISHED A LONG-TERM DEFERRED COMPENSATION PLAN FOR MACHTLEY THAT LASTED APPROXIMATELY FIFTEEN ADDITIONAL YEARS. CONSISTENT WITH BRYANT'S LONG-TERM RETENTION STRATEGY, THE PLAN PROVIDED THAT MACHTLEY WOULD FORFEIT ALL PLAN PAYMENTS IF, BEFORE 2018, MACHTLEY VOLUNTARILY DECIDED TO LEAVE BRYANT OR WAS TERMINATED FOR CAUSE. THE INITIAL AMOUNT OF POTENTIAL DEFERRED COMPENSATION UNDER THE PLAN WAS \$2,684,760. THE SUBSTANTIAL PORTION OF SUCH AMOUNT CONSISTED OF NONQUALIFIED DEFERRED COMPENSATION TIED TO SECURITIES PURCHASED BY BRYANT IN 2003 AT A COST OF \$2,041,635, PLUS OR MINUS MARKET APPRECIATION OR DEPRECIATION THEREON UNTIL PLAN TERMINATION. SUBJECT TO MACHTLEY'S CONTINUED SERVICE, THE PLAN BENEFITS WOULD BECOME NON-FORFEITABLE AND PAYABLE IN 2018.

IN DECEMBER 2017, MACHTLEY AND THE BOARD'S COMPENSATION COMMITTEE AGREED TO WAIVE THE PLAN'S FORFEITURE PROVISIONS WITH RESPECT TO APPROXIMATELY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

\$5,444,669 OF PLAN BENEFITS. THIS ACTION CAUSED MACHTLEY TO RECOGNIZE SUCH AMOUNT AS TAXABLE INCOME FOR 2017. FROM THIS AMOUNT, BRYANT WITHHELD FEDERAL AND STATE INCOME TAXES TOTALING \$2,464,174. THE FORFEITURE PROVISIONS APPLICABLE TO THE REMAINING \$240,219 OF PLAN BENEFITS AS OF DECEMBER 31, 2017 WERE NOT WAIVED IN CALENDAR 2017.

PART II, COLUMN C

INCLUDES EMPLOYER CONTRIBUTIONS TO SECTION 403 (B) PLANS AND OTHER DEFERRED COMPENSATION PLANS.

PART II, COLUMN D

INCLUDES NON-TAXABLE BENEFITS INCLUDING UNDERGRADUATE TUITION REMISSION, EMPLOYER HEALTH BENEFITS, LIFE INSURANCE AND DISABILITY BENEFIT PREMIUM PAYMENTS, MOVING EXPENSES, AS WELL AS THE VALUE OF ON-CAMPUS HOUSING PROVIDED TO CERTAIN KEY EMPLOYEES UNDER THE REQUIREMENTS OF THEIR EMPLOYMENT CONTRACTS.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

TAX EXEMPT BONDS

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A RI HEALTH AND EDUCATIONAL BLDNG CORP SERIES 2008	52-1300173	762197CE9	04/24/2008	50,420,000.	REFUNDING 12/8/05 BONDS & 6/21/07		X		X		X
B RI HEALTH AND EDUCATIONAL BLDNG CORP SERIES 2011	52-1300173	762197HQ7	11/29/2011	24,160,304.	REFUNDING 1/24/01 BONDS		X		X		X
C RI HEALTH AND EDUCATIONAL BLDNG CORP SERIES 2013	52-1300173	NONE	02/19/2013	7,825,000.	REFUNDING 5/15/02 BONDS		X		X		X
D RI HEALTH AND EDUCATIONAL BLDNG CORP SERIES 2014	52-1300173	762197RA1	06/04/2014	49,462,785.	CONSTRUCT/EQUIP VARIOUS FACILITIES		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	3,750,000.		5,090,000.		6,650,000.		3,205,000.	
2 Amount of bonds legally defeased								
3 Total proceeds of issue	50,420,000.		24,160,304.		7,825,000.		49,686,153.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	395,680.		262,729.		120,000.		432,419.	
8 Credit enhancement from proceeds	24,320.							
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds							49,253,734.	
11 Other spent proceeds	50,000,000.		23,897,575.		7,705,000.			
12 Other unspent proceeds								
13 Year of substantial completion	2008		2002				2016	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X			X
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						X
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X						X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2017

Part III Private Business Use (Continued)**TAX EXEMPT BONDS**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		.5000 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		.7000 %		%		%		%
6 Total of lines 4 and 5		1.2000 %		%		%		%
7 Does the bond issue meet the private security or payment test?		X						X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X						X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed.								
3 Is the bond issue a variable rate issue?	X			X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	WELLS FARGO/BARCLAYS							
c Term of hedge.	26.500							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PART II, COLUMN D, LINE 3

THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS IS
INVESTMENT INCOME OF \$223,368.

PART IV, COLUMN A, LINE 2C

ARBITRAGE CALCULATION PREPARED ON APRIL 24, 2018.

PART IV, COLUMN B, LINE 2C

ARBITRAGE CALCULATION PREPARED ON NOVEMBER 29, 2016.

PART IV, COLUMN C, LINE 2C

ARBITRAGE CALCULATION PREPARED ON FEBRUARY 19, 2018.

PART IV, COLUMN D, LINE 2C

ARBITRAGE CALCULATION PREPARED ON JUNE 4, 2017.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017

**Open To Public
Inspection**

Name of the organization
BRYANT UNIVERSITY

Employer identification number
05-0258810

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) N/A	N/A	17,500.	TUITION	TUITION REMISSION/EXCHANG
(2) N/A	N/A	17,500.	TUITION	TUITION REMISSION/EXCHANG
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) KATI MACHTLEY	SPOUSE OF RONALD MACHTLEY	85,581.	SALARY & BENEFITS PAID BY UNIV		X
(2) MARIE SADDLEMIRE	SPOUSE OF JOHN SADDLEMIRE	53,108.	SALARY & BENEFITS PAID BY UNIV		X
(3) SHARON LUX	SPOUSE OF DAVID LUX	15,300.	SALARY & BENEFITS PAID BY UNIV		X
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	3.	17,300.	FMV
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9.	37,853.	AVERAGE OF HIGH/LOW
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		61.	37,867.	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1.

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2017)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

NUMBER OF CONTRIBUTIONS

PART I, COLUMN B

THE AMOUNT REPORTED IN THIS COLUMN DENOTES THE NUMBER OF CONTRIBUTIONS
RECORDED DURING THE FISCAL YEAR.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
GOLF TOURNAMENTS	X	45.	13,604.	FMV
MISCELLANEOUS	X	16.	24,263.	FMV
TOTALS		<u>61.</u>	<u>37,867.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

BRYANT UNIVERSITY

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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PART I, LINE 7B

THE AMOUNT REPORTED ON PART I, LINE 7B INCLUDES CERTAIN QUALIFIED
TRANSPORTATION FRINGE BENEFIT EXPENSES SUBJECT TO UNRELATED BUSINESS
INCOME TAX UNDER IRC SECTION 512(A)(7) THAT ARE NOT REVENUE AND,
THEREFORE, NOT REPORTED AS SUCH ON FORM 990, PART VIII.

PROGRAM SERVICES

PART III, LINE 1

STRATEGIC VISION 2020

BRYANT TODAY IS THE CULMINATION OF 150 YEARS OF CONTINUOUS GROWTH AND
INNOVATION. THROUGHOUT THE UNIVERSITY'S HISTORY, OUR RIGOROUS AND
INNOVATIVE ACADEMIC PROGRAMS HAVE INTEGRATED THEORY AND PRACTICE IN
RELEVANT AND MEANINGFUL WAYS THAT EMPOWER OUR STUDENTS AND ARE HIGHLY
VALUED IN THE MARKET PLACE. BUILDING ON THE GROWTH AND MOMENTUM OF THE
PAST 15 YEARS, VISION 2020 WILL GUIDE US ON A PATH TO AN EVEN STRONGER,
ENDURING FUTURE.

STRATEGIC PILLARS

- INTEGRATION OF ACADEMIC AND STUDENT LIFE
- GLOBAL PERSPECTIVE
- INNOVATION AND CREATIVITY
- CHARACTER AND LEADERSHIP

BRYANT COLLEGE WAS FOUNDED IN 1863 IN RESPONSE TO AN EARLY DEMAND FOR
SPECIALIZED TRAINING IN COMMERCE AND FINANCE. BRYANT COLLEGE CHANGED ITS
NAME TO BRYANT UNIVERSITY IN AUGUST 2005. THE UNIVERSITY IS SITUATED ON

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

APPROXIMATELY 430 ACRES IN SMITHFIELD, RHODE ISLAND. BRYANT UNIVERSITY OFFERS BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION, BACHELOR OF ARTS, AND GRADUATE DEGREES. BRYANT UNIVERSITY IS ONE OF ONLY 10% OF COLLEGES AND UNIVERSITIES IN THE WORLD TO HAVE ACHIEVED THE PRESTIGIOUS ACCREDITATION FROM AACSB INTERNATIONAL - THE ASSOCIATION TO ADVANCE COLLEGIATE SCHOOLS OF BUSINESS, AND IS THUS ONE OF ONLY THREE RHODE ISLAND UNIVERSITIES AND ONE OF ONLY THREE BUSINESS-SPECIALTY SCHOOLS IN NEW ENGLAND TO HAVE ACHIEVED THIS NATIONAL ACCREDITATION. BRYANT IS ALSO ACCREDITED BY THE NEW ENGLAND ASSOCIATION OF SCHOOLS AND COLLEGES (NEASC).

PART III, LINES 4A-4B

LINE 4A *UNDERGRADUATE, GRADUATE AND CERTIFICATE PROGRAMS - INCLUDING ACADEMIC SUPPORT AND STUDENT SERVICES*

BRYANT UNIVERSITY OFFERS UNDERGRADUATE AND GRADUATE DEGREES, GRADUATE CERTIFICATES, AND EXECUTIVE EDUCATION PROGRAMS. THE FALL FULL TIME EQUIVALENT (FTE) FOR THE UNDERGRADUATE PROGRAM IN SMITHFIELD, RI WAS 3,446 AND THE GRADUATE PROGRAM WAS 236. WITHIN THE UNDERGRADUATE PROGRAM THERE ARE TWO SCHOOLS, THE COLLEGE OF ARTS AND SCIENCES AND THE COLLEGE OF BUSINESS. THE COLLEGE OF ARTS AND SCIENCES OFFERS A WIDE RANGE OF STUDY IN THE HUMANITIES, SOCIAL SCIENCES, MATHEMATICS, AND THE NATURAL SCIENCES. THE COLLEGE OF BUSINESS'S IMPRESSIVE ARRAY OF BUSINESS SPECIALTIES OFFERS STUDENTS THE DEPTH AND BREADTH OF A LARGE, PREMIER BUSINESS SCHOOL COMBINED WITH THE INDIVIDUAL ATTENTION THAT IS A BRYANT HALLMARK. THE GRADUATE SCHOOL OF BUSINESS IS PART OF THE COLLEGE OF

Name of the organization BRYANT UNIVERSITY	Employer identification number 05-0258810
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BUSINESS AT BRYANT, WHICH IS ONE OF ONLY 5% OF ALL BUSINESS PROGRAMS IN THE WORLD ACCREDITED BY AACSB INTERNATIONAL - THE ASSOCIATION TO ADVANCE COLLEGIATE SCHOOLS OF BUSINESS. THE GRADUATE SCHOOL OF HEALTH SCIENCES OFFERS A PHYSICIAN ASSISTANT STUDIES PROGRAM OFFERING EXCEPTIONAL MEDICAL EDUCATION AND HANDS-ON TRAINING. IN ADDITION BRYANT ALSO OFFERS ADDITIONAL EDUCATIONAL OPPORTUNITIES THROUGH THE EXECUTIVE DEVELOPMENT CENTER. THE EXECUTIVE DEVELOPMENT CENTER OFFERS PROFESSIONAL CERTIFICATE PROGRAMS THAT PROVIDE HIGH-LEVEL MANAGEMENT SKILLS IN CRITICAL BUSINESS AREAS FOR EXECUTIVES, HIGH-POTENTIAL, CAREER ASPIRING INDIVIDUALS AND GROWTH FOCUSED CORPORATIONS.

LINE 4B *AUXILIARY SERVICES - DINING AND HOUSING*

APPROXIMATELY 72% OF OUR SMITHFIELD STUDENTS RESIDE ON CAMPUS IN OUR RESIDENCE HALLS AND TOWNHOUSES. LIVING OPTIONS AT BRYANT UNIVERSITY ARE DESIGNED TO FOSTER A GRADUAL INCREASE OF INDEPENDENT LIFESTYLE AND INDIVIDUAL RESPONSIBILITY. FIRST- YEAR STUDENTS HAVE THE OPPORTUNITY TO ESTABLISH RELATIONSHIPS WITH LARGE NUMBERS OF CLASSMATES IN A MORE TRADITIONAL SETTING. SOPHOMORES AND JUNIORS EXPERIMENT WITH SMALL-GROUP LIVING WHILE EATING IN COMMON AREAS WITH ALL RESIDENT STUDENTS. MOST SENIORS LIVE INDEPENDENTLY IN TOWNHOUSE UNITS WITH FULL RESPONSIBILITY FOR THEIR COOKING, CLEANING, ETC. ALL LIVING AREAS INCLUDE TELEPHONE, CABLE, AND COMPUTER ACCESS. ALL STUDENTS WHO LIVE ON CAMPUS, EXCEPT FOR THOSE IN THE TOWNHOUSES, ARE REQUIRED TO PARTICIPATE IN A MEAL PLAN. BRYANT OFFERS A NUMBER OF PLANS TO PROVIDE STUDENTS FLEXIBLE OPTIONS FOR ON-CAMPUS DINING AT THE SEVERAL LOCATIONS AVAILABLE ON CAMPUS.

Name of the organization BRYANT UNIVERSITY	Employer identification number 05-0258810
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FAMILY OR BUSINESS RELATIONSHIPS

PART VI, SECTION A, QUESTION 2

THE FOLLOWING MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ALSO SERVE ON THE BOARD OF AMICA INSURANCE COMPANY: CHERYL SNEAD, RONALD MACHTLEY. IN ADDITION, THE FOLLOWING MEMBERS OF THE UNIVERSITY'S BOARD OF TRUSTEES ALSO SERVE AS DIRECTORS OF BRYANT CHINA (HK) LIMITED: RONALD MACHTLEY, HONG YANG AND DAVID WEINSTEIN.

FORM 990 REVIEW PROCESS

PART VI, SECTION B, QUESTION 11B

PRIOR TO FILING THE UNIVERSITY'S 990 WITH THE IRS, IT IS REVIEWED BY THE UNIVERSITY'S AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. THE AUDIT COMMITTEE IS THE GOVERNING BODY OF THE UNIVERSITY THAT HAS OVERSIGHT OF ALL FINANCIAL AND COMPLIANCE ISSUES OF THE UNIVERSITY AND REPORTS THE PROCEEDINGS OF ALL OF ITS MEETINGS TO THE FULL BOARD OF TRUSTEES. A COMPLETE COPY OF THE FORM 990 IS DISTRIBUTED TO EACH VOTING BOARD MEMBER PRIOR TO FILING.

CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

THE UNIVERSITY CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY BY FIRST ENSURING THE CONFLICT OF INTEREST FORMS ARE CONTINUALLY UPDATED BY THE TRUSTEES AND EMPLOYEES. THE FORMS ARE REVIEWED ANNUALLY TO IDENTIFY ANY DISCLOSURES OF CONFLICTS OF INTEREST, AND AS A RESULT, NO BOARD MEMBER CAN VOTE ON ANY ITEM THEY HAVE A CONFLICT OF INTEREST WITH. THE VICE PRESIDENT OF BUSINESS AFFAIRS

Name of the organization BRYANT UNIVERSITY	Employer identification number 05-0258810
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REVIEWS THE CONFLICT OF INTEREST FORMS, AND ANY POTENTIAL CONFLICT WOULD BE DISCUSSED WITH THE AUDIT COMMITTEE CHAIR. IN ADDITION, ANY BUSINESS CONDUCTED BY THE UNIVERSITY WITH ANY ORGANIZATION RELATED TO A BRYANT UNIVERSITY TRUSTEE OR EMPLOYEE MUST BE A HANDS-OFF TRANSACTION WITH NO INVOLVEMENT OF THE TRUSTEE OR EMPLOYEE. THIS MONITORING AND ENFORCING IS DONE PRIMARILY THROUGH THE PRESIDENT'S OFFICE.

COMPENSATION POLICY

PART VI, SECTION B, QUESTION 15A & 15B

THE BOARD OF TRUSTEES, THROUGH ITS EXECUTIVE COMPENSATION COMMITTEE (THE "COMMITTEE"), UTILIZES AN EXECUTIVE COMPENSATION PHILOSOPHY, AMENDED AND RATIFIED BY THE BOARD OF TRUSTEES IN OCTOBER 2007, TO ESTABLISH COMPENSATION FOR ALL UNIVERSITY OFFICERS AND KEY EXECUTIVES. THE UNIVERSITY PREPARES AN ANNUAL REPORT, THE "EXECUTIVE COMPENSATION REPORT, DISCUSSION REPORT FOR THE EXECUTIVE COMPENSATION COMMITTEE". THE REPORT SUMMARIZES ANNUAL PERFORMANCE AGAINST INSTITUTIONAL BENCHMARKS, ANNUAL STRATEGIC GOALS AND DIVISIONAL OPERATIONAL OBJECTIVES, AND PROVIDES MARKET COMPARABILITY DATA FOR THE DESIGNATED POSITIONS. THE PRESIDENT ALSO PROVIDES A COVER MEMO TO THE COMMITTEE THAT ANALYZES AND RECOMMENDS TARGET ACHIEVEMENTS SET BY THE PERFORMANCE BONUS PLAN, BASE SALARY AND MAXIMUM PERFORMANCE BONUS FOR EACH EXECUTIVE. BASED ON THIS INFORMATION, THE COMMITTEE MAKES A DETERMINATION RELATIVE TO COMPENSATION FOR THE PRESIDENT AND REVIEWS AND AUTHORIZES THE PRESIDENT'S COMPENSATION RECOMMENDATIONS FOR THE EXECUTIVE TEAM.

IN ADDITION, IN 2015 THE UNIVERSITY ENGAGED AN OUTSIDE CONSULTING COMPANY

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

TO PERFORM A HIGH LEVEL AUDIT AND PROVIDE RECOMMENDATIONS ON CHANGES TO SPECIFIC ELEMENTS IN THE EXECUTIVE COMPENSATION PROGRAM. THE CONSULTING COMPANY BELIEVES THE ELEMENTS WERE WELL DOCUMENTED AND COMPREHENSIVE.

THE UNIVERSITY COMPLIES WITH THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION STANDARD, AS OUTLINED IN TREASURY REGULATIONS SECTION 53.4958-6: (1) EXECUTIVE COMPENSATION IS AUTHORIZED BY AN INDEPENDENT COMMITTEE OF THE BOARD OF DIRECTORS, (2) THE COMMITTEE AUTHORIZING EXECUTIVE COMPENSATION OBTAINS AND RELIES ON APPROPRIATE DATA AS TO COMPARABILITY PRIOR TO MAKING DETERMINATIONS, AND (3) THE COMMITTEE ADEQUATELY DOCUMENTS THE BASIS FOR DETERMINATIONS CONCURRENTLY WITH MAKING THE DETERMINATION.

PUBLIC DISCLOSURE

PART VI, SECTION C, QUESTION 19

THE UNIVERSITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE ON FILE IN THE PRESIDENT'S OFFICE AND THE FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE CONTROLLER'S OFFICE.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	\$ 2,778,375
ACCRUAL OF OTHER NONOPERATING LIABILITY	\$ (174,325)
CHANGE IN SPLIT INTEREST AGREEMENT	\$ (22,303)

Name of the organization BRYANT UNIVERSITY	Employer identification number 05-0258810
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ACCRUAL OF LIABILITY FOR ASSET REMEDIATION \$ (278,815)

TOTAL \$ 2,302,932

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SODEXO 620 MICHIGAN AVENUE, NE WASHINGTON, DC 20064	FOOD SERVICE	8,516,430.
A/Z CORPORATION PO BOX 370 NORTH STONINGTON, CT 06359	CONSTRUCTION	2,601,442.
AGOSTINI CONSTRUCTION COMPANY 243 NARRAGANSETT PARK DRIVE RUMFORD, RI 02916-1043	CONSTRUCTION	1,178,076.
AHLBORG CONSTRUCTION CORPORATION 21 COLLEGE HILL ROAD, 2ND FLOOR WARWICK, RI 02886	CONSTRUCTION	1,091,925.
ROYALL & COMPANY 1920 EAST PARHAM ROAD RICHMOND, VA 23228	ENROLLMENT MGMT	419,744.

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017Open to Public
Inspection

Name of the organization

BRYANT UNIVERSITY

Employer identification number

05-0258810

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BRU LLC 23-1386793 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	REAL ESTATE	RI		633,296.	BRYANT UNIV.
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER UNITRUST(1)	CHARITABLE TR	RI	BRYANT U	TRUST					X
(2) BRYANT CHINA (H.K) LIMITED 11/F ONE PACIFIC PL, 88 QUEENSWAY HONG KONG, HK	INVEST. VEHIC	HK	BRYANT U	CORPORATION	2,131,762.	726,390.	100.0000	X	
(3) ZHUHAI BRYANT EDUCATIONAL CONSULTING CO. 6 BAOHUA ROAD, ROOM 105-11319 ZHUHAI, CH 519000	INVEST. VEHIC	CH	BRYANT CHINA HK	CORPORATION	3,511.	3.	100.0000	X	
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BRYANT CHINA (H.K.) LIMITED	P	2,134,600.	FMV
(2) BRYANT CHINA (H.K.) LIMITED	Q	2,265,563.	FMV
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.